



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. ANTHONY HEALTH (CROWN POINT)

City of Hospital: Crown Point

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Kendra Schuett

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Medicare Provider Number: 150126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$282511300
Outpatient Patient Service Revenue	\$432655106
Total Gross Patient Service Revenue	\$715166406

2. Deductions From Revenue

Contractual Allowance	\$457675802
Other Deductions	\$17789186
Total Deductions	\$475464988

3. Total Operating Revenue

Net Patient Service Revenue	\$239701418
Other Operating Revenue	\$6631826
Total Operating Revenue	\$246333244

4. Operating Expenses

Salaries and Wages	\$84456108	Employee Benefits	\$22412417
Depreciation and Amortization	\$15669341	Interest Expense	\$8857551
Bad Debt	\$-1758178	Other Expenses	\$111126967
Total Operating Expenses	\$240764206		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5569037	Total Assets	\$234320664
Net Non-operating Gains over Loss	\$-259862	Total Liabilities	\$18591474

Total Net Gains	\$5309175
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$322024680	\$252616499	\$69408181
Medicaid	\$84286978	\$61932219	\$22354759
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$308854748	\$143127084	\$165727664
Total	\$715166406	\$457675802	\$257490604

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$281503	\$44681	\$236822

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$76137	\$-76137
Hospital Patients	\$0	\$0	\$0
Community Education	\$6550	\$155888	\$-149338

Number of Medical Professionals Trained	479
Number of Hospital Patients Educated	407913
Number of Citizens Exposed to Health Education Messages	16275

Statement Six: Charity Statement

Hospital Charity Charges	\$16599152
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5254936	
HCI Payments	\$0		
Subtotal	\$0	\$5254936	\$-5254936
Medicaid Shortfalls	\$15554380	\$23963913	
Subtotal	\$15554380	\$29218849	\$-13664469
DSH Payments	\$0		
Subtotal	\$15554380	\$29218849	\$-13664469
Medicare Shortfalls	\$59722917	\$97653443	
Other Government Programs	\$0	\$274121	
Total	\$75277297	\$127146413	\$-51869116

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$848532	\$13761641	\$-12913109
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$359644	\$-359644
Other Allocations	\$0	\$0	\$0

Comments

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